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JAN - 8 2010

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name M / / / / / /		Office:		
Michel A. Lajoie Mailing address 279 Old Greene Rd.		■ House □ Senate		
Mailing address		District		
279 Old Greene Rd.	Ministrativa Aurona oja poja posto prosionersististististiska kalanta kalanta kalanta kalanta kalanta kalanta ka			
Oity, zip code		Phone		
LEWISTON, ME 0424D		783-1927		
PART 1. INCOME DERIVE	D FROM EMPLOYMENT BY ANOT	THER		
List the name and address of each employer from whom yo economic activity of each employer.	u received compensation of \$1,000 or	more. Specify the principal type of		
Name of Employer	Name of Employer Address			
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	IVED FROM SELF-EMPLOYMENT			
	s who are self-employed.)			
A. List the name and address of your business, if any, and li associated with a partnership, firm, professional association, entity.	ist the major areas of economic activity or similar business entity, list the majo	from which you derived income. If r areas of economic activity of that		
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name:	are to a transfer and a series are a series as the series and a finished a finished and a series	DUSTITIOS ETIETY		
Address:		44.00.000		
Name:		**Annhana.com		
Address:		1 Table 2 Tabl		

PART 2 (continued). INCOME DERIVED FRO	OM SELF-EMPLOYN	NENT
B. List each source of income derived from self-employment that represents mor greater, and specify the principal type of economic activity of the entity or pers disclosure is prohibited by law, rule, or an established code of professional ethics entity or person from whom the income was derived.	re than 10% of your gro	rived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		S(t) and $S(t)$ ano
Address:	A CAMPUT DESPICAÇÃO	
Name:	er til er	
Address:	***************************************	
PART 3. MAJOR AREAS OF P (For Legislators who are attorneys-at-	law only.)	
List your major areas of practice. If associated with a law firm, list the major areas	of practice of your firm Major Areas of Pract	PANASANA PANASANA PANASAN PANA
Name and Address of Firm	(self)	(firm)
Name:		respectiveness.
Address:		of the same of the
Name:		
Address:		circum and the circum
		SKANING COLUMN BLADER COLUMN B
PART 4. OTHER SOURCES OF		
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this for	rm. Do not include gifts	s. If none, check the box.
None	erit (1) erit kiril ingeleg fort televisor for trivial og servisor og kommune og servisor fortil til fortundstat stær	Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name: Meine Public Employees Retirementsy	STEM	Pension
Address: Augusta, ME	***	ICNSION .
Name: Social Socurity	Ellisti de glavier et que	0
Address: STATE OF MAINE	1317 <u>muno</u> y'\	Perusiand
DART C DEPOSITABLE LAND		
PART 5. REPORTABLE LIAB List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you		portion period and list the series
areas of economic activity of each creditor. Do not list credit card liability or loans f	rom a relative. If none,	, check the box.
None	ng Kalabaga ta dang mang kanang k	
Name and Address of Creditor	orman di distrimina con con di sindi si advantina si Afrika Nobel di si anchi si anchi si ancessi anchi anci a	Principal Type of Economic Activity of Creditor
Name:	Application of the state of the	
Address:	e Amelia Ispirise Ver	
Name:	######################################	овет от при
Address	ha h	

PART (6. REPORTABLE GIFTS		Office and Children Charles and Children
List the specific source of each gift of more than \$300. Income, check the box.	clude gifts with an aggregat	e value of more than \$	300 from a single source. I
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	REPORTABLE HONORA		
List the source of any honoraria accepted for appearances of None	or speeches related to your le	egislative responsibilitie	s. If none, check the box.
Name of Source of Honoraria	-0.0009910000000000000000000000000000000	Name of Source of I	Onoraria
1.	3.	and the control of the second sec	provinces is an information and the community provinces in a supply the community of the co
2.	entroproproproprosite titutista kandinan kalanda kalanda kanaa jortoo ja asisa daada kana isti kanaa kanaa kan 4.	nn e Aller Gell (Eller de Celebrari de Liller verden de Verden de Verden de Verden de Verden de Verden de Verd	
PART 8 REPORCE	TATION BEFORE STAT	E AGENCIES	
List each executive branch agency before which you repres			amount. If none, check the
None	Bilder bir britan bil britan serin i serin serin serin serin serin bir britan bir britan bir britan bir britan	والمعارضة والمعا	itisak membatan kelanda an kana katan kepangan dipengan kenanda kan kana kenangan pengagan dipengkan banan ban Kanangan kenanda kenanda dipengan kenanda kenanda kenanda kenanda kenanda kenanda kenanda kenanda kenanda kena
Name of Agency		Name of Agen	
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DART & BUCI	NESS WITH STATE AGE	NOTES	
List each executive branch agency to which you or a memb			s with a value in excess of
\$1,000 during the reporting period. If none, check the box. None	engellammangutt (stanstantantantan Armilia) a Articlus erlamisjan angamangan timpti taliste (stempertike silantan pen	ግግኒህምዕደርት ምዕምርያኒርኒርርር ስለኒኒርርር የተሰለፉ ከተለያ የያቀም የመጥ ልብርነው ነገብርነው ነገብርነው ነገብርነው ነገብርነው ነገብርነው ነገብርነው ነገብርነው ነገብርነ	namaninahan dalah jilikilih peropitat berasiya sasakanah jilikilih jilikilih dalah dalah sasak jilikilih jilik
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2.	4.	,	
PART 10. INCOME RECEIV	ED BY MEMBERS OF IN	MEDIATE FAMILY	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	d of income represented. If	e received by your spo your spouse or domes	use or domestic partner or tic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name: Ritz J. Lzjoie	1. County Governmen	Spouse/or ""	ployment
Job Title: ASSISTENT	2. RETISE MENT 3. ME PERS	Domestic 2. pe Partner 3.	WSION
		Dependent Child	ollik distribution to the front of the contract of the contrac
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent Child	
activity and the kind of income.			

Dependent Child

List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your rel	Indicate whether you	or a family held the	position and whethe	diate family heler the position
☐ None	· · · · · · · · · · · · · · · · · · ·		The second secon	
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
Lewiston Municipal Federal Credit Union	2	4.4	Michel A.	Carlo
291 Pine STreet	Director	ME	LEJOIE	NO
LEWISTON, ME OYZYO			,	
Maine Family Federal Credit Vivion		WiFZ	RITA J.	
555 SELZTTUS STREET	Director	$ \omega $	hajoic-	po
Lewiston, ME 04240			- And Andrews	
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	SIGNATURE			
A Legislator who willfully fails to file a required statement				
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/ Signature		/ L	ate	
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the information you are providing. Part/Section			The state of the s	tan ing tanggan ang ang ang ang ang ang ang ang a
Number			North CV (CCC) 1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (ADMINISTRAÇÃO AMERICA AMERICA IN PROCESSA ARTICOLO
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PART 11. OFFICER OR DIRECTOR POSITIONS